

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Tiffany Davis		Date of This Filing <u>01/27/2024</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only BEV HILLS CITY CLERK 2024 JAN 29 PM 4:49
AREA CODE/PHONE NUMBER 310-904-9860	I.D. NUMBER (if applicable) 1463516	Report No. _____	<i>indexed</i> <i>2/7/2024</i> <i>HK ✓</i>	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>102</u>	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/16/2023	Tiffany Davis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - President Quay Entertainment	100 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/23/2024	Tiffany Davis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - President Quay Entertainment	300 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/26/2024	Tiffany Davis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - President Quay Entertainment	800 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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CITY [REDACTED]	STATE [REDACTED]		ZIP CODE [REDACTED]	No. of Pages <u>202</u>

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/16/2023	Tiffany Davis for Beverly Hills City Council 2024 [REDACTED] #1463516	Tiffany Davis City Council Member	100	03/05/2024
01/23/2024	Tiffany Davis for Beverly Hills City Council 2024 [REDACTED] #1463516	Tiffany Davis City Council Member	300	03/05/2024
01/26/2024	Tiffany Davis for Beverly Hills City Council 2024 [REDACTED] #1463516	Tiffany Davis City Council Member	800	03/05/2024

Reason for Amendment: _____